

Commonwealth of Virginia

REQUEST FOR APPLICATIONS

**Issue Date:** December 08, 2008

**Issue Title:** Virginia Wounded Warrior Program: Veterans and Families Community Behavioral Healthcare and Rehabilitative Services Expansion

**Issuing Agency:** Department of Veterans Services, Virginia Wounded Warrior Program, 1601 Broad Rock Boulevard, Richmond, VA 23224

**Using Agency and location where work will be performed:** Statewide

**Eligible Applicants:** Regional associations or consortia of Community Services Boards (CSBs) and Behavioral Health Authorities as defined by § 37.2- 500 et. seq. of the *Code of Virginia*. Consortia points of contact can be found in Section 11.0

**Period of the Contract:** Approximately 12 months.

**Renewals:** Contract may be approved for one (1) additional period of one (1) year duration upon documented, mutual agreement between all parties and subject to funding availability.

**Applications will be received for furnishing services described herein until:**

Monday, February 09, 2009 - 5:00 PM EST

**All inquiries for information shall be directed to:** Barbara Vonada, Executive Assistant, VWWP, 804-371-4675, Barbara.Vonada@dvs.virginia.gov

**NOTE:** To ensure that all questions receive responses, interested applicants are requested to submit the enclosed Form 1 - Fax Back Solicitation Questions - via facsimile to 804-230-7716. Please include E-mail address, phone and fax numbers by no later than 3:00 pm EST on February 05, 2009.

**Copies of RFA:** May be obtained at [www.virginiaforveterans.com](http://www.virginiaforveterans.com) under Virginia Wounded Warrior link and click on Community Funding Proposal.

All Applications shall be addressed: Department of Veterans Services, Virginia Wounded Warrior Program.

If sent through the **U.S. Mail or using Overnight Express Service, Courier or Hand Delivered**, send directly to Department of Veterans Services, Virginia Wounded Warrior Program, ATTN: Barbara Vonada, Executive Assistant, 1601 Broad Rock Boulevard, Richmond, VA 23224. Envelopes should be marked with RFA number and opening date and time.

It is the applicant's responsibility to assure that proposals are received and logged in by VWWP staff at the location indicated by the date and time above, regardless of the method of delivery. Late proposals will not be accepted under any circumstances.

**The above page and this signature page must accompany your proposal, with all information supplied and signatures applied, as required.**

**IN COMPLIANCE WITH THE ABOVE REFERENCED REQUEST FOR APPLICATION AND TO ALL THE CONDITIONS IMPOSED HEREIN, IN FACT OR BY REFERENCE, THE UNDERSIGNED OFFERS AND AGREES TO FURNISH THE SERVICES IN ACCORDANCE WITH THE ATTACHED SIGNED PROPOSAL OR AS MUTUALLY AGREED UPON BY SUBSEQUENT NEGOTIATION.**

**Applicant Name and Address:**

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\_\_\_\_\_  
\_\_\_\_\_

**Date:** \_\_\_\_\_

**By:** \_\_\_\_\_  
*(Official Signature in Ink)*

**Printed Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**FEI/FIN Number:** \_\_\_\_\_ **Title:** \_\_\_\_\_

<b>Fiscal Responsibility (if different from applicant):</b>
Agency/Organization Name and Address:

FORM 1-- Fax Back Solicitation Questions  
**RFA# 912-122008-001**  
**No Fax Cover Sheet Is Required.**

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**FAX BACK:** Questions will be accepted through February 05, 2009 – 3:00PM EST

**TO:** Department of Veterans Services, Virginia Wounded Warrior Program, ATTN: Barbara Vonada,  
Executive Assistant, 1601 Broad Rock Boulevard, Richmond, VA 23224.

**FAX TO:** (804) 230-7716

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Please record your question(s) regarding the above reference solicitation:

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**Your Organization:**

**Your Name:**

**Your Email:**

**Your Phone:**

**Your Fax:**

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## 1.0 **BACKGROUND**

**1.1** In 2008, the General Assembly approved, and Governor Timothy Kaine signed, House Bill 475 and Senate Bill 297 establishing the Virginia Wounded Warrior Program (VWWP) under the authority of the Commissioner of the Virginia Department of Veterans Services (DVS) in cooperation with the Commissioners of the Departments of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) and Rehabilitative Services (DRS). Chapters 584 and 754 of the 2008 Acts of Assembly provide the legal basis for the program. The 2008 Appropriation Act provides the funding and authorizing language for fund allocation. The purpose of the VWWP is clearly set out in the law. “The purpose of the program is to ensure that adequate and timely assessment, treatment, and support are available to veterans, service members, and affected family members.”

**Table 1**  
**2008 Legislation Establishing the Virginia Wounded Warrior Program**

<b>§ 2.2-2001.1. Program for mental health and rehabilitative services.</b>
<p>The Department, in cooperation with the Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Rehabilitative Services, shall establish a program to monitor and coordinate mental health and rehabilitative services support for Virginia veterans and members of the Virginia National Guard and Virginia residents in the Armed Forces Reserves not in active federal service. The program shall also support family members affected by covered military members' service and deployments. The purpose of the program is to ensure that adequate and timely assessment, treatment, and support are available to veterans, service members, and affected family members.</p> <p>The program shall facilitate support for covered individuals to provide timely assessment and treatment for stress-related injuries and traumatic brain injuries resulting from service in combat areas, and subject to the availability of public and private funds appropriated for them, case management services, outpatient, family support, and other appropriate behavioral health and brain injury services necessary to provide individual services and support to military service members and their family members covered by this section. (2008, cc. 584, 754.)</p>

**1.2** Funding for the VWWP was appropriated to DVS July 1, 2008<sup>1</sup>. DVS hired the five (5) full time equivalent positions to manage the program, as specified in the statute. In addition, a part-time position, the Special Projects Coordinator, previously the Executive Order 19 Project Manager, has also been transferred to the VWWP. Funding for the program was reduced by \$28,000 in the FY 2009 budget reductions directed by Governor Kaine. FY 2010 budget reductions are pending.

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<sup>1</sup> Item 425, 2008 Appropriation Act.

## 2.0 HISTORY

In 2006, Governor Kaine issued Executive Order 19 (EO 19) directing the Department of Veterans Services to prepare a comprehensive report on the status of current Commonwealth programs and services that are either 1) offered exclusively to veterans or 2) are tailored to the specific needs of veterans, and to identify opportunities for improving such services. The Order further directed all state agencies to identify opportunities to partner with the Department of Veterans Services on ways to offer new, expanded, or customized services that meet the educational, health care and social service needs of Virginia's veterans and their families.

The EO 19 Report<sup>2</sup>, submitted to the Governor on April 30, 2007, set out 27 initiatives that the DVS Commissioner and staff had conceptualized in discussions and meetings with state agency staff, Veterans Services Organizations, private and non-profit organizations, members of the Governor's Cabinet, Board members and others. Under the "Quality of Life Initiatives" the report documented that DVS was in discussions with the U.S. Department of Veterans Affairs, the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services and the Virginia Association of Community Services Boards to develop an on-going contractual relationship for referral of veterans to the CSB services system for treatment of mental health and substance abuse disorders. The report recommended further exploration of this partnership and specified that behavioral healthcare be targeted to veterans returning from Iraq and Afghanistan. In addition, Commissioner James Rothrock of the Department of Rehabilitative Services had initiated discussions with DVS in an effort to ensure that a structure was in place for addressing the service needs of veterans with traumatic brain injuries. Initial discussions were held with DVS, DRS, McGuire VA Medical Center, Virginia Commonwealth University (VCU), DMHMRSAS and the CSBs.

In the summer of 2007, the Joint Leadership Council of Veterans Services Organizations (JLC) recognized the urgency of addressing the needs of veterans returning from the Global War on Terror with problems caused by combat/operational stress and traumatic brain injuries. The initial discussions with the VA, DMHMRSAS, DRS, the CSBs and others, as well as the strong leadership of the JLC provided the basis for a concept paper that was adopted by the JLC in the fall of 2007. Throughout the fall and winter of 2007 and early 2008, the JLC, DVS and state and local agency partners coordinated public awareness, networking and advocacy activities supporting the development of the Virginia Wounded Warrior Program.

The advocacy and networking efforts were highlighted during the *Virginia is for Heroes*<sup>3</sup> conference held in October 2007. The primary goals of the conference were "to raise awareness of the impact of poly-trauma and combat/operational stress injuries on military service members, veterans, families, employers and the community and to create a road map to mobilize resources in our communities and at all levels of government."

Through workshops and panel discussions, conferees determined that to adequately meet the needs of returning veterans, members of the National Guard and Armed Forces Reserves and their families, political leaders, government agencies at all levels and community organizations—working as partners—must take action to:

1. Recognize the impact of deployment on military service personnel and their families.
2. Eliminate stigma associated with combat/operational stress injuries.
3. Reach and connect with veterans and their families.
4. Build a service delivery infrastructure.

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<sup>2</sup> Executive Order 19, Report to Governor Timothy M. Kaine, Submitted by Vincent M. Burgess, Commissioner, Virginia Department of Veterans Services, April 30, 2007, [www.virginiaforveterans.com](http://www.virginiaforveterans.com).

<sup>3</sup> *Virginia is for Heroes*, Conference Report, Prepared by the Mid-Atlantic Addiction Technology Transfer Center at Virginia Commonwealth University and the Virginia Department of Veterans Services, January, 2008. [www.virginiaforveterans.com](http://www.virginiaforveterans.com).

5. Make healthcare [behavioral healthcare and rehabilitative services] accessible.
6. House veterans; prevent homelessness.
7. Hire veterans.

### **3.0 FUNDS AVAILABLE AND PURPOSE**

For FY 2009, DVS will allocate approximately \$1.0 million to community programs for the purpose of fulfilling the statutory mandate of providing “case management services, outpatient, family support, and other appropriate behavioral health and brain injury services necessary to provide individual services and support to military service members and their family members covered by this section, [§2.2-2001.1 of the *Code of Virginia*]. Eligible applicants should work within the 5 CSB regions to provide fully developed regional applications that fulfill this purpose. Funds will be granted no later than April 1, 2009. FY 2010 funding continuation will depend upon the program’s ability to meet monitoring and performance requirements as set out in this and any future grant application processes. Funds cannot be used for any purposes not described in the approved application and resulting contract.

### **4.0 SCOPE OF WORK**

**4.1** The Grant Recipient shall provide all labor, supplies, travel and transportation related to the accomplishment of the above-stated purpose. Applicants shall submit a proposal to carry out the following activities, to the extent practicable, maximizing existing community resources and within the resources requested:

- a. Establish a behavioral healthcare and rehabilitative services program for veterans, focusing on treatment for combat/operational stress disorders and traumatic brain injury.
- b. Create new and expand current services capacity in the region to include veteran-specific case management services, outpatient, family support, and other appropriate behavioral health and brain injury services necessary to provide individual services and support to veterans, military service members and their family members.
- c. Expand existing services in the project region to build capacity of existing services for veterans and their families and to link them with federal, state and local community resources for behavioral healthcare, primary health care, prevention, financial assistance, housing, educational assistance and employment, as applicable.
- d. Ensure the availability of crisis and suicide prevention services to veterans and family members in the services region.
- e. Ensure age-appropriate services and education for children through cooperative programs with schools, churches, YMCAs and other relevant community organizations.
- f. Ensure outreach services for family members, particularly spouses.
- g. Work with other community organizations and military service organizations to expand resources and services access for veterans and their families.
- h. Work with Veterans Services Organizations and military services healthcare providers to provide peer counseling and mentorships for veterans and their families.

**4.2** In addition, priority will be given to applications that include:

- a. Specialized approaches to care that provides priority service for Veterans.
- b. Evidence-based practices for treating veterans.
- c. Outreach to primary healthcare providers in the community.
- d. Targeted education for personnel dealing with veterans who are experiencing symptoms of PTSD or traumatic brain injury and for their family members.
- e. Enhancement of services through access to additional federal, state and/or community funding.
- f. Plans for sustainment of community services for veterans and their families.

## **5.0. REPORTING REQUIREMENTS**

**5.1** Program management shall inform the VWWP Executive Director and Regional Director of regularly scheduled meetings of the governing body.

**5.2** Program management shall prepare and submit quarterly progress/status and financial reports of program activities to the VWWP Office. The reports shall include specific accomplishments achieved during the reporting period, specific tasks completed pursuant to the provisions of the contract, and the projected completion dates for the remaining specific tasks required by the grant.

**5.3** Quarterly reports to VWWP shall include progress on defined performance metrics and shall document the following:

- a. Tracking and documenting the number of veterans and family members served.
- b. Services provided.
- c. Linkages or referrals to other resources, including housing, healthcare, financial assistance, etc.
- d. Other financial resources added to veterans/family's care, i.e., Medicaid, TRICARE, private insurance or private funding.
- e. Outcomes of service provision by individual case information and plans for follow-up or closure of case.

**5.4** Program Management shall coordinate with VWWP on a regularly scheduled basis through communications and meetings. Program Management shall meet with VWWP staff to discuss program issues as required or upon notice by the Executive Director, VWWP.

## **6.0 APPLICATION PREPARATION AND SUBMISSION REQUIREMENTS**

**SPECIFIC APPLICATION REQUIREMENTS:** Applications shall be as thorough and detailed as possible to ensure the proper evaluation of the region's capabilities to provide the required services. Applications should not exceed 20 pages in length (not including attachments). Letters of Support/reference must be submitted with the application. A complete application requires the following items:

1. A detailed narrative of the region's approach to provide the programs or services described herein, including a narrative description of the program service area, program design and implementation plan, and timeframes. Detail must be sufficient for the application to be evaluated on the project's content, depth, objectives and relevance to the VWWP. The narrative should include a written description of how the regional association of consortia of CSBs will administer the program, how it will deliver the proposed services, how other relevant agencies and organizations, veterans, and their families will be directly and meaningfully involved in the administration of the proposed program.
2. A maximum of 5 metrics by which program performance will be measured.
3. Resumes of key individuals who will provide services, including percentage of staff time devoted to the project and task assignments. Experience with brain injury care or specialized training should be highlighted.
4. A detailed description of all resources, assistance or information expected to be provided by VWWP/DVS.
5. Descriptions of the experience of the regional applicant in providing the services, including reference to similar projects of like scope and focus. Descriptions of experience should include scope or focus of work, audiences targeted, and duration.
6. A detailed financial request and proposed budget.
7. Identification of the organization that will serve as fiscal agent. Include a point of contact for the fiscal agent, i.e., name, address, phone and E-mail address for the fiscal agent.
8. Assurance that the DRS network of brain injury services providers will provide and manage brain injury services within the regional program and participate meaningfully in the administration of the program.
9. Letters of support, as referenced earlier in this document.

## **7.0 ELIGIBLE APPLICANTS**

Applications for funding will only be accepted from a regional association or consortia of Community Services Boards and Behavioral Health Authorities as defined by § 37.2- 500 et. seq. of the *Code of Virginia*. Consortia points of contact can be found in Section 11.0. Partnership with local VA hospitals and the DRS network of brain injury services providers is required. Partnerships may also include: vet centers; community-based outpatient clinics; veterans services organizations; DVS benefits specialists and regional benefits services managers; private behavioral healthcare providers; military bases in the region; National Guard or Reserve units; veterans and family members. Letters of support, minutes from meetings or some form of documentation demonstrating support of the application is required from all formal partners.

## **8.0 EVALUATION AND AWARD CRITERIA**

**8.1** Applications will be reviewed by a multidisciplinary team with veteran representation using the following criteria:

- a. Qualifications of the regional applicants and experience related to behavioral healthcare and rehabilitative services for veterans and their families, including relationships with



veterans healthcare resources, veterans services organizations, innovative methods of outreach to veterans and their families and potential for program sustainment.

b. Inclusive Planning Processes, including relationships with DRS brain injury services providers and percentage of service dollars to be allocated to the provision of brain injury services. Evidence of developing relationships with VA hospitals, vet centers, VA Community Based Outpatient Clinics, Military Medical Treatment Facilities, Wounded Warrior Transition Centers, Family Assistance Centers, etc.

c. Proposed Program Services including:

- i) Veteran specific case management services.
- ii) Outpatient counseling services based on evidence-based practices effective for the treatment of veterans with combat/operational stress or traumatic brain injuries.
- iii) Family support services, focused on early detection and intervention for spouse and children's services.
- iv) Crisis services and suicide prevention.
- v) Other appropriate behavioral healthcare and brain injury services.

d. Regional appropriateness and cost effectiveness of the proposed project:

- i) Additional federal, state and community resources available to the project.
- ii) Potential for future self-sustainment.

## **9.0 GRANT AWARD**

Selection shall be made of applicants deemed fully qualified and best suited, among those submitting applications, on the basis of the evaluation factors above. Negotiations shall be conducted with the applicants so selected. Price shall be considered, but need not be the sole determining factor. After negotiations have been conducted with each applicant so selected, VWWP/DVS shall select the applicants which, in its sole opinion, have made the best applications and shall award the grant(s). DVS may cancel this Request for Applications or reject applications at any time prior to an award. DVS is not required to furnish a statement of the reason why a particular application was not deemed to be the most advantageous (Section 11-65D *Code of Virginia*). Should DVS determine, in writing and in its sole discretion, that only one applicant is fully qualified, or that one applicant is clearly more highly qualified than the others under consideration, a contract may be negotiated and awarded to that one applicant. The award document will be a contract incorporating by reference all the requirements, terms and conditions of the solicitation and the applicant's grant application as negotiated.

## **10.0 SUBMISSION DATES AND TIMES**

**9.1 Submission Date: February 09, 2009, 5:00 pm**

**9.2 Announcement of Grant Award: February 23, 2009, 5:00 pm**

**9.3 Fund Distribution Date: As soon as fiscally possible once selection is made; not later than April 1, 2009.**

## **11.0 FUNDING RESTRICTIONS**

Funding must be used in direct support of this proposal and this proposal only; it is not to be used to supplant or replace existing resources. Awards should be treated as restricted funds and accounted for separately. Unexpended funds will be returned to DVS unless there is an authorized documented plan that specifically addresses a measurable and targeted use of that money for veterans' and their families.

## **12.0 OTHER SUBMISSION REQUIREMENTS AND INFORMATION**

### **12.1 CSB Consortia Points of Contact by Health Planning Region:**

#### **Region I: Ronald Branscome**

Executive Director

Rappahannock Area Community Services Board

600 Jackson St. Fredericksburg, VA. 22401

Office: (540) 373-3223

FAX: (540) 371-3753

[rbranscome@racs.state.va.us](mailto:rbranscome@racs.state.va.us)

#### **Region II: Tom Maynard**

Executive Director

Loudoun Community Services Board

906 Trail View Boulevard, SE, Suite C

Leesburg, VA 20175

Office: (703) 777-0378

FAX: (703) 771-5401

[tom.maynard@loudoun.gov](mailto:tom.maynard@loudoun.gov)

#### **Region III: Sam Dillon**

Executive Director

Planning District One Behavioral Health Services

PO Box 1130

Norton, VA 24219

Office: (276) 679-5751

Cell: (276) 393-4052

[sdillon@pd1bhs.org](mailto:sdillon@pd1bhs.org)

#### **Region IV: Will Rogers**

Executive Director

Crossroads Community Services Board

PO Drawer 248

60 Bush River Drive

Farmville, VA 23901

Office: (434) 392-7049 ext 252

FAX: (434) 392-9221

[wrogers@crossroadscsb.org](mailto:wrogers@crossroadscsb.org)

Region V: Chuck Hall  
Executive Director  
Hampton-Newport News Community Services Board  
300 Medical Drive  
Hampton, VA 23666  
Office: (757) 788-0300  
FAX: (757) 788-0968  
[CHall@hnncsb.org](mailto:CHall@hnncsb.org)

**12.2** Proposals must be endorsed by, or submitted via, the above Regional Consortia and then submitted to the VWWP/DVS by the Consortia point of contact.